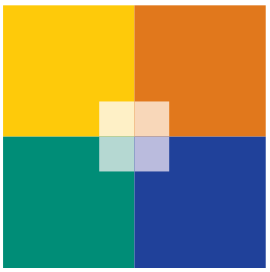
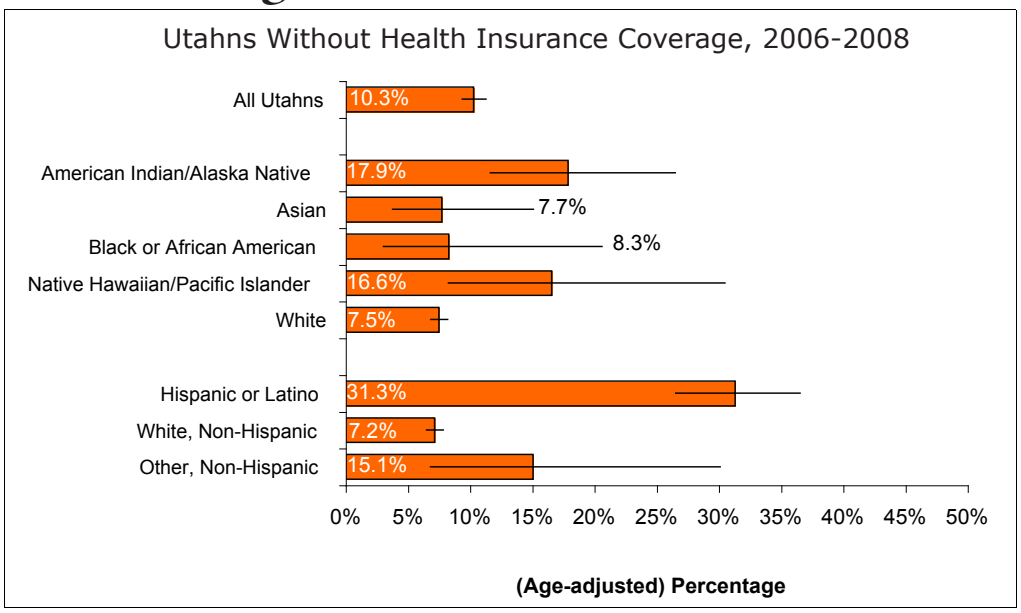
# HEALTH CARE SERVICES AND SYSTEMS



# No Health Insurance Coverage

## Why Is It Important?

The uninsured get fewer and less timely preventive and screening services. Overall, they are sicker and more likely to die prematurely than their insured counterparts.[10]




## How Are We Doing?

- From 2006 to 2008, 10.3% of Utahns reported having no health insurance coverage (age-adjusted rate).
- Over the past 10 years, health insurance coverage rates have decreased in Utah and the U.S.[11]
- Since January 2008, the U.S. has experienced an economic recession and job loss.[8] Therefore, it is likely that updated measures will show a continued decline in coverage.
- American Indian/Alaska Native and Hispanic/Latino Utahns had significantly higher age-adjusted rates of no health insurance coverage than all Utahns.
- White, non-Hispanic Utahns had a significantly lower age-adjusted rate of no health insurance coverage than all Utahns.

## How Can We Improve?

Legislative changes could potentially address rising health insurance costs and the health insurance practice of refusing coverage for sick people. Existing UDOH programs helping some of those who cannot afford health insurance include Medicaid, Children's Health Insurance Program (CHIP), the Primary Care Network (PCN), and Utah's Premium Partnership for Health Insurance (UPP). The UDOH, Office of Primary Care and Rural Health offers grants to clinics that treat the uninsured. The Utah Insurance Department (UID) administers HIPUtah, which sells insurance to people refused coverage by private insurers due to health problems. In 2009, UID began the Utah Health Exchange, www.utahinsuranceexchange.info/, to assist Utah companies in purchasing health insurance policies.

Percentage of Utahns With No Health Insurance Coverage, 2006-2008

| Race/Ethnicity | Sample Size | Total Population | #Without Health Insurance | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Utahns | 27,745 | 2,699,554 | 298,860 | 11.1% ( *10.1%- 12.1%* ) | 10.3% ( *9.4% - 11.3%* ) | n/a |
| American Indian/Alaska Native | 285 | 38,517 | 6,808 | 17.7% ( *11.4%- 26.5%* ) | 17.9% ( *11.6% - 26.5%* ) | ↑ |
| Asian | 240 | 59,078 | 4,439 | 7.5% ( *3.6%- 14.9%* ) | 7.7% ( *3.8% - 15.1%* ) | |
| Black or African American | 144 | 40,388 | 3,000 | 7.4% ( *3.2%- 16.5%* ) | 8.3% ( *3.1% - 20.6%* ) | |
| Native Hawaiian/Pacific Islander | 148 | 22,199 | 5,105 | 23.0% ( *11.1%- 41.7%* ) | 16.6% ( *8.3% - 30.5%* ) | |
| White | 24,143 | 2,539,372 | 203,386 | 8.0% ( *7.3%- 8.8%* ) | 7.5% ( *6.9% - 8.2%* ) | ↓ |
| Hispanic or Latino | 1,475 | 314,287 | 111,663 | 35.7% ( *30.3%- 41.6%* ) | 31.3% ( *26.5% - 36.6%* ) | ↑ |
| White, Non-Hispanic | 23,218 | 2,241,726 | 171,019 | 7.6% ( *6.9%- 8.4%* ) | 7.2% ( *6.5% - 7.9%* ) | ↓ |
| Other, Non-Hispanic | 189 | 143,540 | 23,513 | 16.4% ( *7.8%- 31.1%* ) | 15.1% ( *6.8% - 30.1%* ) | |

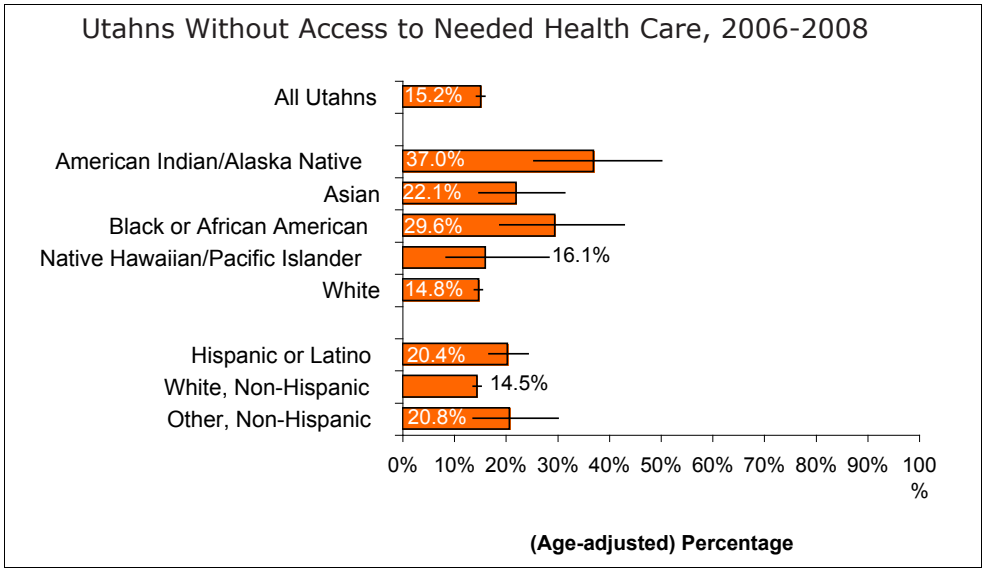
Source: Utah Healthcare Access Survey. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2007 year.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

# Unable to Access Health Care

**Why Is It Important?**
Health care costs have been rising in the U.S. for several years, outpacing inflation and income growth. Per capita health care spending in the U.S. is among the highest of all industrialized countries.[12] As costs rise, fewer employers offer health insurance. Other barriers include high insurance deductibles and co-insurance rates, services not covered by the insurance, geographic distance from hospitals and clinics, language and cultural barriers, and racial bias in health care settings.[13]




**How Are We Doing?**

- From 2006 to 2008, 15.2% of Utahns reported that they were unable to get needed medical, dental, or mental health care in the past year (age-adjusted rate).
- American Indian/Alaska Native, Black/African American and Hispanic/Latino Utahns had significantly higher age-adjusted rates of problems with access to health care than all Utahns.
- For Utahns overall and for most races and ethnicities, rates of problems with access to health care were higher than rates of being uninsured, indicating that being uninsured is not the only barrier to care. (See page 16.)

**How Can We Improve?**
The UDOH, Office of Primary Care and Rural Health offers grants to clinics that treat underserved populations. The UDOH, Center for Multicultural Health helps health care providers improve cultural and linguistic appropriateness. The UDOH, TB Control and Refugee Health Program offers medical interpreter training free of charge to qualified interpreters working for health-related non-profit agencies throughout the state. The UDOH, Office of Health Care Statistics publishes annual data about health plan and facility quality and prices to help Utahns make informed health care choices.

## Percentage of Persons Who Were Unable to Get Needed Medical, Dental, or Mental Health Care in the Previous 12 Months, 2006-2008

| Race/Ethnicity | Sample Size | Total Population | # Unable to Access Care | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Utahns | 28,023 | 2,699,554 | 430,050 | 15.9% *( 15.2%- 16.7% )* | 15.2% *(14.4% - 16.0% )* | n/a |
| American Indian/Alaska Native | 297 | 38,517 | 14,700 | 38.2% *( 25.3%- 53.0% )* | 37.0% *(25.5% - 50.3% )* | ↑ |
| Asian | 237 | 59,078 | 12,446 | 21.1% *( 14.5%- 29.6% )* | 22.1% *(14.9% - 31.5% )* | |
| Black or African American | 146 | 40,388 | 8,854 | 21.9% *( 14.3%- 32.1% )* | 29.6% *(18.9% - 43.0% )* | ↑ |
| Native Hawaiian/Pacific Islander | 146 | 22,199 | 3,771 | 17.0% *( 9.1%- 29.6% )* | 16.1% *(8.6% - 28.4% )* | |
| White | 24,494 | 2,539,372 | 380,007 | 15.0% *( 14.2%- 15.8% )* | 14.8% *(14.0% - 15.6% )* | |
| Hispanic or Latino | 1,413 | 314,287 | 67,406 | 21.3% *( 17.6%- 25.5% )* | 20.4% *(16.9% - 24.4% )* | ↑ |
| White, Non-Hispanic | 23,571 | 2,241,726 | 329,848 | 14.7% *( 14.0%- 15.5% )* | 14.5% *(13.8% - 15.3% )* | |
| Other, Non-Hispanic | 190 | 143,540 | 28,535 | 19.9% *( 12.9%- 29.3% )* | 20.8% *(13.8% - 30.2% )* | |

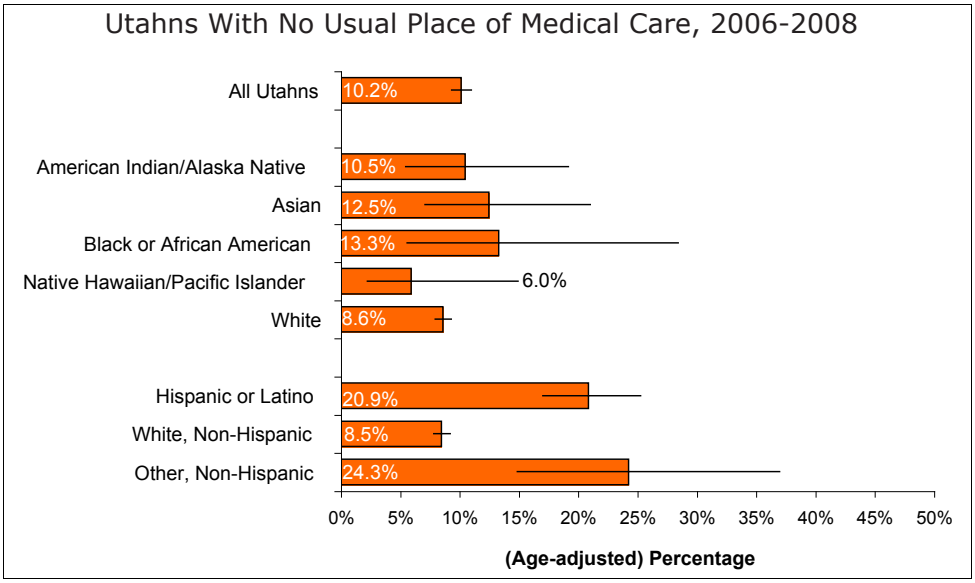
Source: Utah Healthcare Access Survey. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2007 year.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

# No Primary Care Provider: No Usual Place of Medical Care

**Why Is It Important?**
Primary care providers (PCPs) manage patients' medical care effectively and efficiently because they know their medical history and social background. Persons with a usual place of care are more likely to have routine medical visits and health screenings that may prevent disability and early death.[14]




**How Are We Doing?**

- From 2006 to 2008, 10.2% of Utahns reported having no usual place of medical care (age-adjusted rate).
- Hispanic/Latino Utahns had a significantly higher rate of not having a usual place of medical care (PCP) than all Utahns.
- Hispanic/Latino Utahns also had the highest rate of no health insurance coverage. (See page 16.)
- White, non-Hispanic Utahns had a significantly lower rate of not having a PCP than all Utahns.
- Persons who had health insurance coverage were significantly more likely to have a usual place of care (91% vs. 65% in 2008).[14]

**How Can We Improve?**
UDOH recommends that all health care be regulated through a PCP, who can refer to specialists when needed. Family practice, internal medicine, pediatrics or obstetrics and gynecology (Ob/Gyn) doctors; nurse practitioners, or physician assistants can be PCPs.[15] Health care providers who receive federal funds are required to offer medical interpreting services.[16] The UDOH, Office of Primary Care and Rural Health Health designates Professional Shortage Areas and Medically Underserved Areas/Populations to qualify Utah for federal programs and offers grants to clinics that treat underserved groups. Utah Cares, www.utahcares.utah.gov, provides a means to search for state and community services such as medical and financial assistance.

## Place of Care: Percentage of Persons Who Had No Usual Place of Medical Care, 2006-2008

| Race/Ethnicity | Sample Size | Total Population | #Without Usual Place of Health Care | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Utahns | 28,205 | 2,699,554 | 293,981 | 10.9% ( *10.1%- 11.7%*) | 10.2% (*9.4% - 11.0%* ) | n/a |
| American Indian/Alaska Native | 302 | 38,517 | 4,270 | 11.1% ( *5.8%- 20.1%*) | 10.5% (*5.5% - 19.2%* ) | |
| Asian | 243 | 59,078 | 8,301 | 14.1% ( *8.0%- 23.5%*) | 12.5% (*7.1% - 21.0%* ) | |
| Black or African American | 142 | 40,388 | 5,964 | 14.8% ( *7.1%- 28.3%*) | 13.3% (*5.6% - 28.4%* ) | |
| Native Hawaiian/Pacific Islander | 147 | 22,199 | 1,553 | 7.0% ( *2.7%- 16.9%*) | 6.0% (*2.2% - 14.9%* ) | |
| White | 24,547 | 2,539,372 | 229,541 | 9.0% ( *8.3%- 9.8%* ) | 8.6% (*8.0% - 9.3%* ) | ↓ |
| Hispanic or Latino | 1,514 | 314,287 | 73,225 | 23.0% ( *18.9%- 27.7%*) | 20.9% (*17.1% - 25.3%* ) | ↑ |
| White, Non-Hispanic | 23,615 | 2,241,726 | 199,310 | 8.9% ( *8.2%- 9.7%* ) | 8.5% (*7.8% - 9.2%* ) | ↓ |
| Other, Non-Hispanic | 191 | 143,540 | 35,767 | 24.9% ( *15.2%- 38.1%*) | 24.3% (*14.9% - 37.0%* ) | ↑ |

Source: Utah Healthcare Access Survey. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2007 year.

*Age-adjusted to the U.S. 2000 standard population

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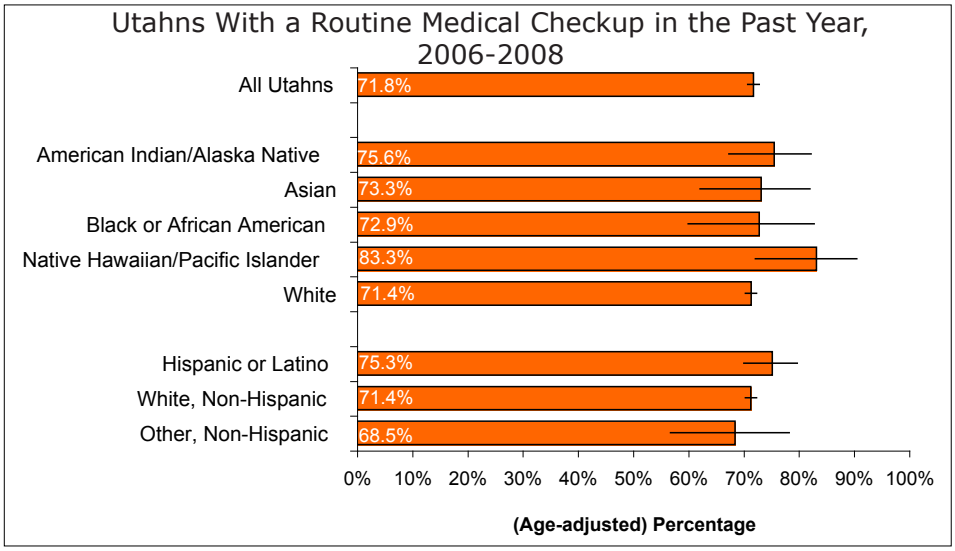
# Routine Medical Checkup

**Why Is It Important?**
Early detection and treatment of disease improves the chances of full recovery. Physician counseling can influence health behaviors and prevent disease entirely in many cases.[17]




**How Are We Doing?**

- From 2006 to 2008, 71.8% of Utahns reported having a routine medical checkup within the past year (age-adjusted rate).
- Native Hawaiian/Pacific Islander Utahns had a significantly higher age-adjusted rate of having a checkup than all Utahns.
- Persons with a usual place of care (a primary care provider) were significantly more likely to receive checkups (73% vs. 57%) and health screening exams.[14]
- Of Utahns with fair or poor health, 31.9% had no checkup in 2008. Further, among persons who were in fair or poor health and also lacked health insurance, 42.9% had no checkup.[17]

**How Can We Improve?**
Depending on age, gender, and health status, routine medical checkups are recommended at least once every two years or more often. These visits may include immunizations and screenings for cardiovascular diseases, diabetes, cancers, etc. Well-child visits for children also address developmental milestones.[125,126] Existing UDOH programs helping some of the people who cannot afford health care include Medicaid, Children's Health Insurance Program (CHIP), the Primary Care Network (PCN), and Utah's Premium Partnership for Health Insurance (UPP). The UDOH, Office of Primary Care and Rural Health designates Professional Shortage Areas and Medically Underserved Areas/Populations to qualify Utah for federal programs and offers grants to clinics that treat underserved groups. Utah Cares, www.utahcares.utah.gov, provides a means to search for state and community services such as medical and financial assistance.

## Preventive Medical Visit: Percentage of Persons Who Received a Routine Medical Checkup in the Previous 12 Months, 2006-2008

| Race/Ethnicity | Sample Size | Total Population | #With Checkup | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Utahns | 22,454 | 2,699,554 | 1,923,743 | 71.3% ( *70.3%- 72.3%* ) | 71.8% ( *70.8% - 72.9%* ) | n/a |
| American Indian/Alaska Native | 234 | 38,517 | 28,894 | 75.0% ( *66.8%- 81.8%* ) | 75.6% ( *67.4% - 82.3%* ) | |
| Asian | 198 | 59,078 | 41,365 | 70.0% ( *58.0%- 79.8%* ) | 73.3% ( *62.2% - 82.0%* ) | |
| Black or African American | 111 | 40,388 | 30,228 | 74.8% ( *62.2%- 84.3%* ) | 72.9% ( *60.0% - 82.8%* ) | |
| Native Hawaiian/Pacific Islander | 102 | 22,199 | 17,642 | 79.5% ( *66.3%- 88.4%* ) | 83.3% ( *72.2% - 90.5%* ) | ↑ |
| White | 19,755 | 2,539,372 | 1,795,488 | 70.7% ( *69.7%- 71.7%* ) | 71.4% ( *70.4% - 72.4%* ) | |
| Hispanic or Latino | 996 | 314,287 | 233,885 | 74.1% ( *68.7%- 78.9%* ) | 75.3% ( *70.1% - 79.8%* ) | |
| White, Non-Hispanic | 19,033 | 2,241,726 | 1,586,171 | 70.8% ( *69.7%- 71.8%* ) | 71.4% ( *70.4% - 72.4%* ) | |
| Other, Non-Hispanic | 136 | 143,540 | 97,444 | 67.9% ( *56.6%- 77.5%* ) | 68.5% ( *56.8% - 78.3%* ) | |

Source: Utah Healthcare Access Survey. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2007 year.

*Age-adjusted to the U.S. 2000 standard population

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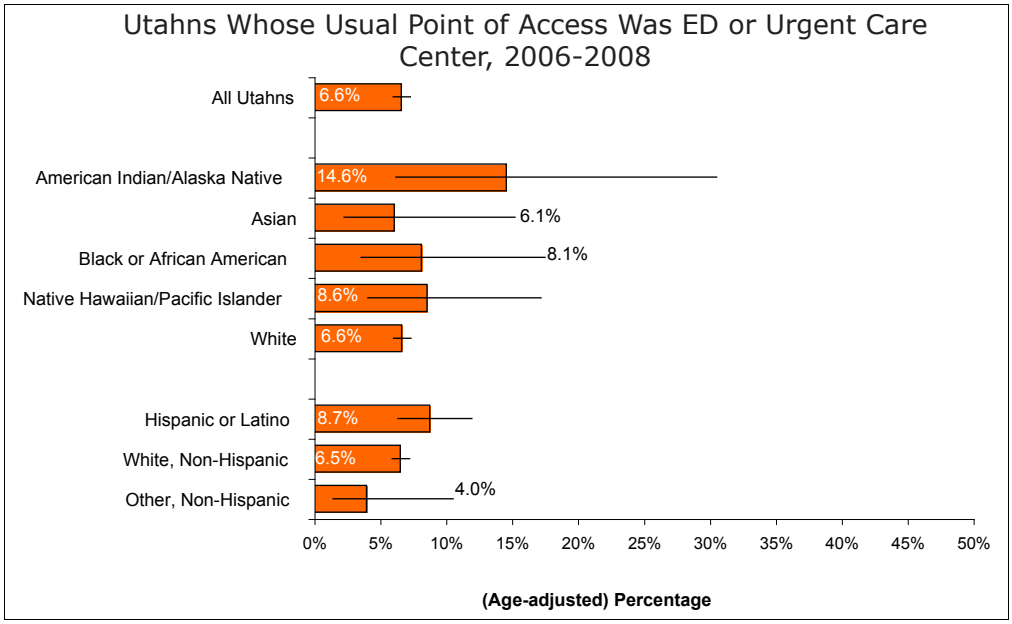
# Emergency Department Point of Access to Medical Care

## Why Is It Important?

Care in the Emergency Department (ED) is more expensive than care at a physician's office when appropriate.[18] EDs and urgent care clinics do not have access to the medical history that primary care physicians have, which can lead to unnecessary tests and procedures.[15]




## How Are We Doing?

- From 2006 to 2008, 6.6% of Utahns reported that an ED or urgent care center was their primary point of access to health care (age-adjusted rate).
- There were no statistically significant differences in rates of using the ED as a point of access to health care by race or ethnicity.

## How Can We Improve?

Using the hospital ED is appropriate when a life is in danger or a permanent disability could result from not getting immediate medical care and treatment, such as for heart or breathing problems, serious burns, or heavy bleeding. For less serious problems that still require immediate treatment, urgent care clinics are a good option if the primary care provider is not available. Urgent care clinics are open more hours than regular medical offices and see patients without an appointment.[15] UDOH, Medicaid published a website in 2009, www.health.utah.gov/safetowait, that explains when to use primary care, urgent care or ED care. Programs and policies to expand health insurance coverage may also reduce ED use. Uninsured patients do not tend to present at the ED with less acute conditions than insured patients. However, people without insurance lack preventive care and early treatment at physician offices, which can lead to becoming sicker and requiring ED care more frequently than insured individuals.[10, 18]

### Point of Access to Medical Care: Percentage of Persons Whose Usual Point of Access to Medical Care Was a Hospital Emergency Department (ED) or an Urgent Care Center, 2006-2008

| Race/Ethnicity | Sample Size | Total Population | #Usually with ED Care | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Utahns | 28,320 | 2,699,554 | 183,605 | 6.8% ( *6.2%- 7.5%* ) | 6.6% (*6.0% - 7.3%* ) | n/a |
| American Indian/Alaska Native | 307 | 38,517 | 6,439 | 16.7% ( *6.5%- 36.7%*) | 14.6% (*6.2% - 30.5%*) | |
| Asian | 230 | 59,078 | 2,639 | 4.5% ( *1.7%- 11.2%*) | 6.1% (*2.3% - 15.2%*) | |
| Black or African American | 146 | 40,388 | 4,562 | 11.3% ( *4.9%- 24.1%*) | 8.1% (*3.6% - 17.5%*) | |
| Native Hawaiian/Pacific Islander | 150 | 22,199 | 2,599 | 11.7% ( *5.5%- 23.3%*) | 8.6% (*4.1% - 17.2%*) | |
| White | 24,649 | 2,539,372 | 173,729 | 6.8% ( *6.2%- 7.6%* ) | 6.6% (*6.0% - 7.3%* ) | |
| Hispanic or Latino | 1,524 | 314,287 | 23,075 | 7.4% ( *5.2%- 10.3%*) | 8.7% (*6.3% - 12.0%*) | |
| White, Non-Hispanic | 23,711 | 2,241,726 | 151,633 | 6.8% ( *6.1%- 7.5%* ) | 6.5% (*5.9% - 7.2%* ) | |
| Other, Non-Hispanic | 194 | 143,540 | 4,309 | 3.0% ( *1.1%- 7.7%* ) | 4.0% (*1.4% - 10.5%*) | |

Source: Utah Healthcare Access Survey. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for 2007 year.

*Age-adjusted to the U.S. 2000 standard population

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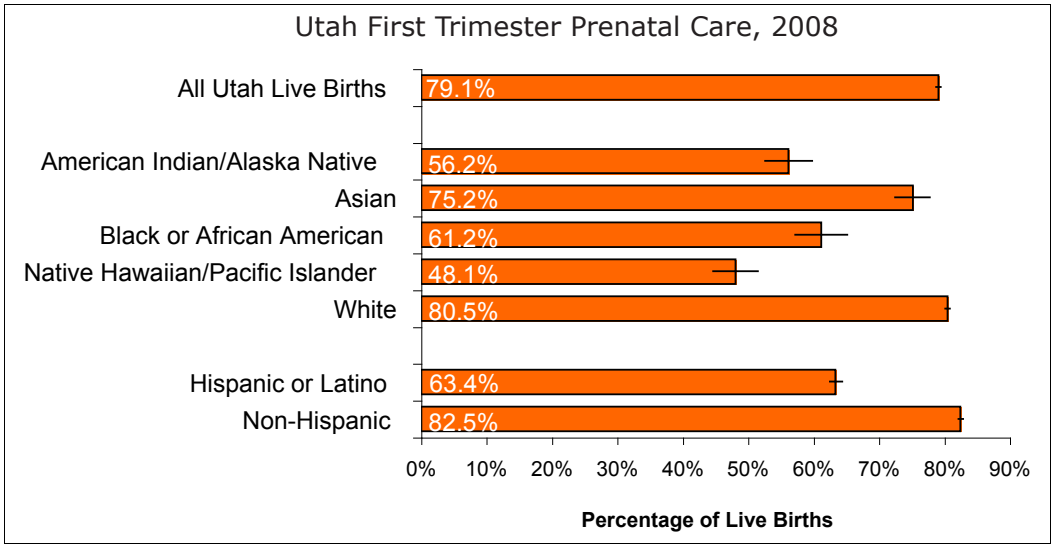
# Early Prenatal Care

**Why Is It Important?**
Women who receive early and consistent prenatal care increase their likelihood of giving birth to a healthy child. Prenatal care during the first trimester provides early opportunities to identify high-risk pregnancies and intervene to reduce the risk of complications.[127]




**How Are We Doing?**

- In 2008, 79.1% of all Utah live births received prenatal care during the first trimester of pregnancy.
- Utah infants had a significantly lower rate of early prenatal care than infants nationwide.[127]
- American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander and Hispanic/Latino Utahns had significantly lower rates of early prenatal care than all Utahns.
- White and non-Hispanic Utah infants had significantly higher rates of early prenatal care than all Utahns.

**How Can We Improve?**
Pregnant women should see their doctors before the 13th week of pregnancy and have at least 13 prenatal care visits during their pregnancies. The UDOH, Medicaid program offers prenatal Medicaid to women within income guidelines. Women who do not qualify for Medicaid at other times may qualify during pregnancy. UDOH, Baby Your Baby distributes temporary Medicaid cards to eligible women to cover outpatient prenatal services until their Medicaid application is processed. To obtain a temporary Medicaid card, women must first have their pregnancies confirmed by a doctor or clinic. Most local health departments can provide low-cost pregnancy testing. Contact the UDOH, Baby Your Baby program for more information at www.babyyourbaby.org and 1-800-826-9662. The UDOH, Maternal and Infant Health Program provides information about clinics that offer prenatal care on a low-cost or sliding scale basis.

## Percentage of Utah Infants with Prenatal Care During the First Trimester of Pregnancy, 2008

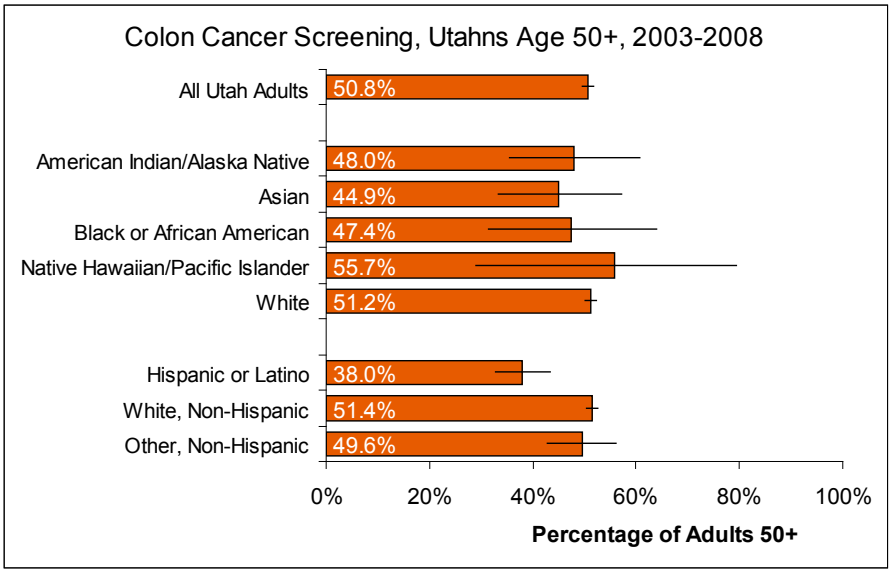
| Race/Ethnicity | # With Early Care | Total Live Births | Crude Rate *(95% CI Range)* | Sig.* |
|---|---|---|---|---|
| All Utah Live Births | 43,997 | 55,605 | 79.1% ( *78.8%- 79.5%* ) | n/a |
| American Indian/Alaska Native | 413 | 735 | 56.2% ( *52.6%- 59.8%* ) | ↓ |
| Asian | 793 | 1,054 | 75.2% ( *72.5%- 77.8%* ) | ↓ |
| Black or African American | 349 | 570 | 61.2% ( *57.2%- 65.2%* ) | ↓ |
| Native Hawaiian/Pacific Islander | 398 | 828 | 48.1% ( *44.7%- 51.5%* ) | ↓ |
| White | 41,520 | 51,573 | 80.5% ( *80.2%- 80.9%* ) | ↑ |
| Hispanic or Latino | 6,022 | 9,493 | 63.4% ( *62.5%- 64.4%* ) | ↓ |
| Non-Hispanic | 37,764 | 45,761 | 82.5% ( *82.2%- 82.9%* ) | ↑ |

Source: Utah Birth Certificate Database
*The rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

# Colon Cancer Screening

## Why Is It Important?

Colorectal cancer is the second leading cause of cancer-related death in Utah and the U.S.[19,20] Screening for this cancer is important as deaths can be substantially reduced when precancerous polyps are detected early and removed. The chance of surviving colorectal cancer is better than 90% when the cancer is diagnosed before it has gone beyond the intestinal wall.[19]




## How Are We Doing?

- Among Utah adults age 50 and older from 2003 through 2008, 50.8% had been screened for colon cancer within the past five years.
- Colon cancer screening rates have improved significantly since 2000, when only 32.1% of Utahns in this age group had been screened.[132]
- Hispanic/Latino Utahns had significantly lower rates of screening for colorectal cancer than Utahns statewide.

## How Can We Improve?

Several scientific organizations recommend that routine screening for colorectal cancer begin at age 50 for adults at average risk. Persons at high risk may need to begin screening at a younger age. The American Cancer Society advises each individual to discuss risk factors and screening options with his or her health care provider. Routine screening can include either an annual fecal occult blood test (FOBT) and/or flexible sigmoidoscopy every five years, colonoscopy every 10 years, or barium enema every five to 10 years.[19] Many studies suggest that racial and ethnic minorities tend to be diagnosed at later stages of cancer progression.[21] The Utah Cancer Action Network conducts English and Spanish language media campaigns to encourage Utahns over age 50 to seek colon cancer screening.

### Percentage of Utahns Age 50 and Over Who Reported Having Had a Sigmoidoscopy or Colonoscopy in the Past Five Years, 2003-2008

| Race/Ethnicity | Sample Size | Total Population Age 50+ | Number Age 50+ with Sigmoid/ Colonoscopy | Crude Rate *(95% CI Range)* | Sig.* |
|---|---|---|---|---|---|
| All Utahns Age 50+ | 13,176 | 557,721 | 283,156 | 50.8% *(49.7% - 51.8%)* | n/a |
| American Indian/Alaska Native | 108 | 5,253 | 2,522 | 48.0% *(35.6% - 60.7%)* | |
| Asian | 84 | 10,350 | 4,652 | 44.9% *(33.3% - 57.2%)* | |
| Black or African American | 46 | 3,654 | 1,733 | 47.4% *(31.5% - 63.9%)* | |
| Native Hawaiian/Pacific Islander | 19 | 2,625 | 1,462 | 55.7% *(29.1% - 79.4%)* | |
| White | 12,516 | 535,839 | 274,425 | 51.2% *(50.1% - 52.3%)* | |
| Hispanic or Latino | 493 | 29,709 | 11,275 | 38.0% *(32.8% - 43.4%)* | ↓ |
| White, Non-Hispanic | 12,251 | 507,437 | 260,844 | 51.4% *(50.3% - 52.5%)* | |
| Other, Non-Hispanic | 349 | 20,575 | 10,199 | 49.6% *(42.9% - 56.2%)* | |

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

Note: Only age-specific rates were reported for this measure due to the limited age group reported.

* The rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

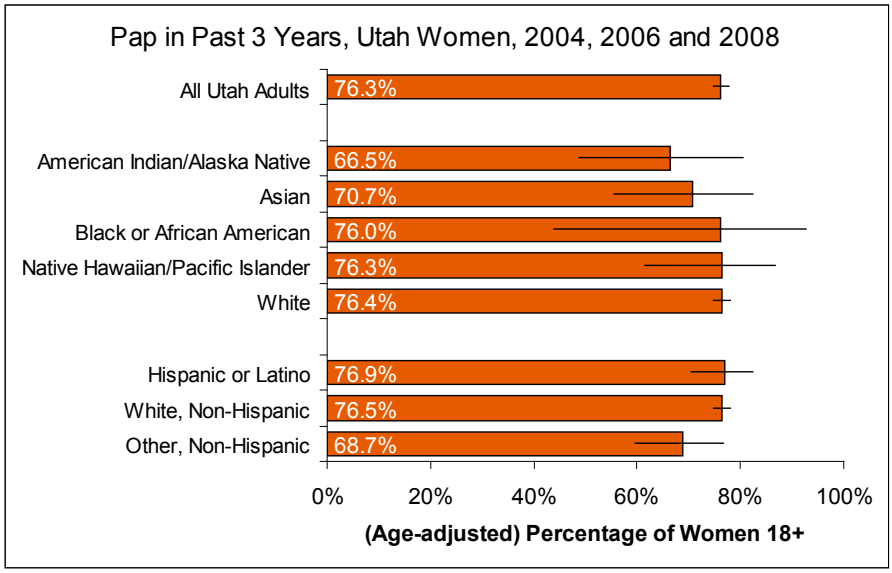


Contact: UDOH Cancer Control Program, 801-538-6712, http://health.utah.gov/ucan/

# Pap Test

### Why Is It Important?

Cervical cancer is one of the most curable cancers if detected early through routine screening. Nearly all cases of cervical cancer are caused by infection with high-risk types of the human papilloma virus (HPV). As these viruses are transmitted through sexual contact, any woman who is sexually active is at risk for developing cervical cancer. Other risk factors include having sexual relations at an early age, having multiple sex partners or partners with many other partners, and cigarette smoking.[22]




### How Are We Doing?

- Among all Utah women age 18 and over in 2004, 2006 and 2008, 76.3% had received a Pap test in the past three years (age-adjusted rate).
- There were no statistically significant differences in Pap test rates by race or ethnicity.

### How Can We Improve?

The American Cancer Society recommends that cervical screening begin about three years after a woman begins having intercourse but no later than 21 years of age. Cervical screening should be performed every year with conventional Pap tests or every two years with liquid-based Pap tests. Beginning at age 30, women who have had three normal test results in a row may undergo screening every two to three years.[23] Females ages 9-26 can also receive the HPV vaccine, which protects against cervical cancer. Even women who have been vaccinated should continue to receive regular Pap tests.[24] The UDOH, Utah Cancer Control Program offers free cervical cancer screening and discount HPV vaccine to eligible women. Women who receive these screenings and lack health insurance coverage may be eligible for Medicaid benefits for the duration of their cancer treatment.

## Percentage of Utah Women (Age 18 and Over) Who Reported Having Had a Pap Smear in the Past Three Years, 2004, 2006, 2008

| Race/Ethnicity | Sample Size | Total Adult Women | # of Women With Pap | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Adult Utah Women | 6,207 | 895,695 | 676,143 | 75.5% *(73.6%- 77.3%)* | 76.3% *(74.8%- 77.7%)* | n/a |
| American Indian/Alaska Native | 82 | 11,919 | 7,714 | 64.7% *(45.0%- 80.4%)* | 66.5% *(48.8%- 80.6%)* | |
| Asian | 68 | 21,776 | 15,043 | 69.1% *(52.3%- 82.0%)* | 70.7% *(55.7%- 82.3%)* | |
| Black or African American | 15 | 8,286 | 7,167 | 86.5% *(61.7%- 96.2%)* | 76.0% *(43.9%- 92.8%)* | |
| Native Hawaiian/Pacific Islander | 33 | 6,089 | 4,319 | 70.9% *(50.7%- 85.3%)* | 76.3% *(61.5%- 86.7%)* | |
| White | 5,664 | 847,625 | 639,244 | 75.4% *(73.4%- 77.3%)* | 76.4% *(74.8%- 77.9%)* | |
| Hispanic or Latino | 466 | 80,281 | 64,329 | 80.1% *(73.9%- 85.2%)* | 76.9% *(70.4%- 82.3%)* | |
| White, Non-Hispanic | 5,482 | 771,374 | 581,750 | 75.4% *(73.4%- 77.3%)* | 76.5% *(74.9%- 78.0%)* | |
| Other, Non-Hispanic | 226 | 44,040 | 30,079 | 68.3% *(58.7%- 76.5%)* | 68.7% *(59.5%- 76.7%)* | |

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

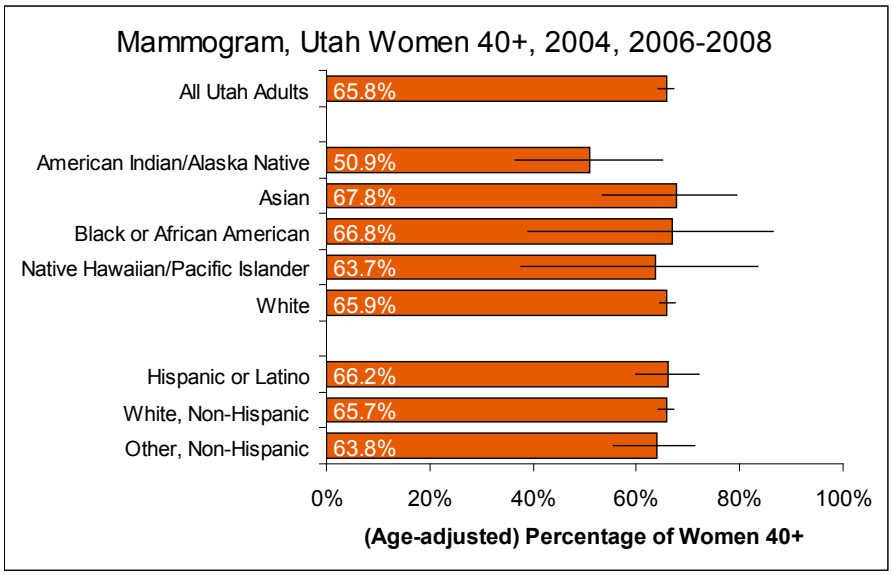
*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

# Mammogram

### Why Is It Important?

Breast cancer is the leading cause of cancer death among Utah women. Deaths from breast cancer can be substantially reduced if the disease is discovered at an early stage. Mammography is currently the best method for detecting cancer early.[25]




### How Are We Doing?

- During 2004 and 2006-2008, the percentage of Utah women age 40 and over who reported receiving a mammogram within the last two years was 65.8% (age-adjusted rate).
- American Indian/Alaska Native Utahns had a significantly lower rate of breast cancer screening.

### How Can We Improve?

The American Cancer Society recommends that women age 40 and older have a mammogram every year. Women at high risk based on family history or prior radiation treatment should get a mammogram and an MRI (magnetic resonance imaging) every year beginning at age 30. Women should be told about the benefits, limitations, and potential harms linked with regular screening. A mammogram will miss some cancers and sometimes leads to follow-up of findings that are not cancer, including biopsies. But despite their limitations, they remain a very effective and valuable tool for decreasing suffering and death from breast cancer, so women can feel confident about the benefits associated with regular mammograms for finding cancer early.[26] The UDOH, Utah Cancer Control Program offers free mammograms to eligible women. Women who receive these screenings and lack health insurance coverage may be eligible for Medicaid benefits for the duration of their cancer treatment.

## Percentage of Utah Women Age 40 and Over Who Reported Having a Mammogram in the Past Two Years, 2004, 2006-2008

| Race/Ethnicity | Sample Size | Total # of Women 40+ | # of Women Had Mamm. | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Utah Women 40+ | 7,547 | 446,763 | 302,131 | 67.6% *(66.3%- 68.9%)* | 65.8% *(64.4% - 67.2%)* | n/a |
| American Indian/Alaska Native | 75 | 5,180 | 2,672 | 51.6% *(36.7%- 66.2%)* | 50.9% *(36.5% - 65.1%)* | ↓ |
| Asian | 57 | 9,635 | 6,534 | 67.8% *(53.6%- 79.4%)* | 67.8% *(53.4% - 79.4%)* | |
| Black or African American | 19 | 3,036 | 2,009 | 66.2% *(35.9%- 87.2%)* | 66.8% *(39.0% - 86.4%)* | |
| Native Hawaiian/Pacific Islander | 22 | 2,335 | 1,474 | 63.1% *(38.1%- 82.6%)* | 63.7% *(37.7% - 83.6%)* | |
| White | 7,091 | 426,577 | 289,886 | 68.0% *(66.6%- 69.3%)* | 65.9% *(64.4% - 67.4%)* | |
| Hispanic or Latino | 353 | 29,036 | 19,349 | 66.6% *(60.3%- 72.5%)* | 66.2% *(59.8% - 72.0%)* | |
| White, Non-Hispanic | 6,921 | 398,905 | 270,357 | 67.8% *(66.4%- 69.1%)* | 65.7% *(64.2% - 67.2%)* | |
| Other, Non-Hispanic | 229 | 18,821 | 12,023 | 63.9% *(55.8%- 71.3%)* | 63.8% *(55.7% - 71.3%)* | |

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

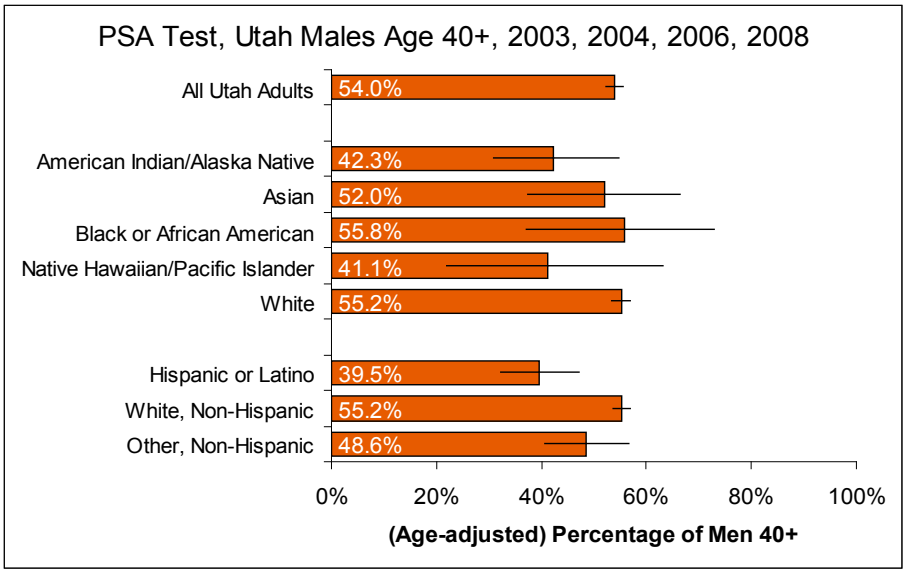
*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

# Prostate Cancer Screening

### Why Is It Important?

Prostate cancer is the second most commonly occurring form of cancer for men, after skin cancer, and is the second leading cause of cancer death for men in Utah and the U.S.[27] One screening test commonly used is a blood test for a substance called prostate-specific antigen, or PSA. Together with a digital rectal exam (DRE), these tests can detect many cancers that have not caused symptoms. However, it is not yet known whether early detection results in reduced mortality from this disease. There are a relatively large number of false-positive PSA test results which may lead to unnecessary medical procedures.[28]




### How Are We Doing?

- Between 2003 and 2008, among all Utah men age 40 and over, 54.0% had received a PSA test (age-adjusted rate).
- Utah Hispanic/Latino men had a significantly lower rate of PSA tests.

### How Can We Improve?

The American Cancer Society recommends that health care professionals discuss the potential benefits and limitations of prostate cancer screening beginning when male patients are 50, and offer a PSA test and DRE yearly to men who are at average risk of prostate cancer and have at least a 10-year life expectancy. Those men who favor testing should be tested. This discussion should take place starting at age 45 for African American men and men who have had a father, brother, or son diagnosed with prostate cancer before age 65 and at age 40 for men with several first-degree relatives who had prostate cancer at an early age. Routine testing of all men is not recommended.[23]

## Percentage of Utah Men Age 40 and Over Who Reported Ever Having a PSA Test, 2003, 2004, 2006 and 2008

| Race/Ethnicity | Sample Size | Total Number of Men 40+ | # Men 40+ With PSA Test | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Utah Men Age 40+ | 5,157 | 425,669 | 246,796 | 58.0% *( 56.2%- 59.7%)* | 54.0% *(52.4% - 55.6%)* | n/a |
| American Indian/Alaska Native | 49 | 4,907 | 2,165 | 44.1% *( 28.1%- 61.5%)* | 42.3% *(30.8% - 54.7%)* | |
| Asian | 45 | 7,731 | 3,384 | 43.8% *( 28.1%- 60.8%)* | 52.0% *(37.3% - 66.3%)* | |
| Black or African American | 27 | 4,116 | 2,454 | 59.6% *( 38.0%- 78.1%)* | 55.8% *(37.1% - 72.9%)* | |
| Native Hawaiian/Pacific Islander | 16 | 2,577 | 914 | 35.5% *( 15.1%- 63.0%)* | 41.1% *(22.1% - 63.3%)* | |
| White | 4,818 | 406,338 | 242,915 | 59.8% *( 58.0%- 61.5%)* | 55.2% *(53.5% - 56.8%)* | |
| Hispanic or Latino | 222 | 31,531 | 11,091 | 35.2% *( 27.9%- 43.2%)* | 39.5% *(32.4% - 47.2%)* | ↓ |
| White, Non-Hispanic | 4,727 | 376,428 | 225,502 | 59.9% *( 58.1%- 61.7%)* | 55.2% *(53.5% - 56.9%)* | |
| Other, Non-Hispanic | 171 | 17,710 | 8,625 | 48.7% *( 39.7%- 57.8%)* | 48.6% *(40.6% - 56.7%)* | |

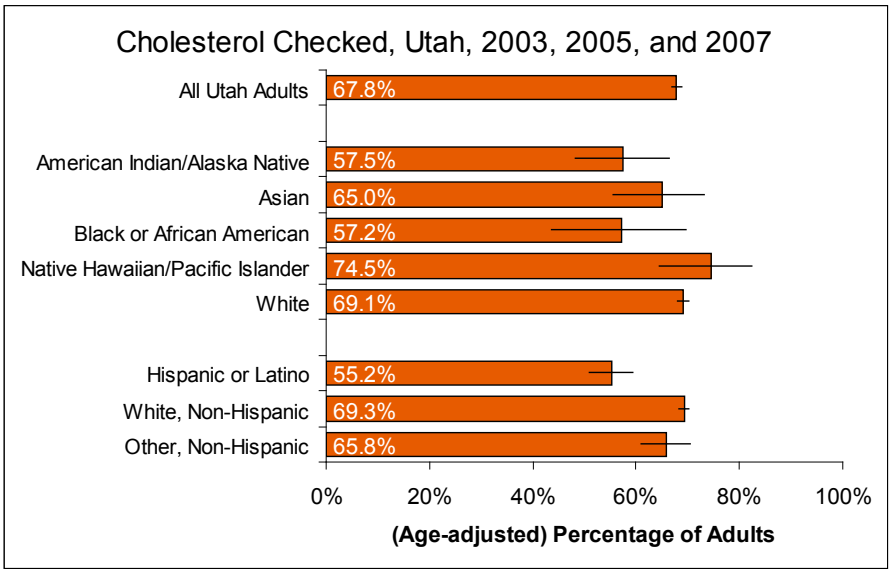
Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

# Blood Cholesterol Screening

**Why Is It Important?**
High levels of cholesterol in the blood can build up in the blood vessel walls, blocking blood flow to the heart, brain, and other important organs. Most people do not have any symptoms of high blood cholesterol. High blood cholesterol is diagnosed by checking blood levels of several important types of fat. Treatment of high blood cholesterol can reduce risk of cardiovascular disease.[29]




**How Are We Doing?**

- During the years the survey question was asked, about two thirds of Utah adults age 18 and over had their cholesterol checked in the past five years.
- American Indian/Alaska Native and Hispanic/Latino Utahns had significantly lower age-adjusted rates of cholesterol screening.

**How Can We Improve?**
The National Heart, Lung, and Blood Institute recommends that adults age 20 or older be screened for high blood cholesterol at least every five years.[30] The American Heart Association recommends that physicians determine total and HDL blood cholesterol levels.[31] The UDOH, Heart Disease and Stroke Prevention Program works with health care providers, insurance companies, and employers to increase opportunities for cholesterol screening.

## Percentage of Utah Adults (Age 18 and Over) Who Reported Having Their Cholesterol Checked in the Past Five Years,* 2003, 2005, and 2007

| Race/Ethnicity | Sample Size | Total Adult Population | # Had Cholesterol Checked | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Utah Adults | 13,748 | 1,781,429 | 1,148,196 | 64.5% *( 63.3%- 65.6%)* | 67.8% *(66.9% - 68.8%)* | n/a |
| American Indian/Alaska Native | 150 | 23,796 | 12,028 | 50.5% *( 39.2%- 61.8%)* | 57.5% *(48.3% - 66.3%)* | ↓ |
| Asian | 126 | 40,656 | 23,200 | 57.1% *( 45.7%- 67.7%)* | 65.0% *(55.7% - 73.3%)* | |
| Black or African American | 68 | 19,213 | 8,940 | 46.5% *( 31.9%- 61.8%)* | 57.2% *(43.6% - 69.7%)* | |
| Native Hawaiian/Pacific Islander | 52 | 12,877 | 6,975 | 54.2% *( 37.8%- 69.7%)* | 74.5% *(64.5% - 82.5%)* | |
| White | 12,673 | 1,684,887 | 1,122,099 | 66.6% *( 65.4%- 67.8%)* | 69.1% *(68.1% - 70.1%)* | ↑ |
| Hispanic or Latino | 886 | 176,650 | 78,915 | 44.7% *( 40.3%- 49.2%)* | 55.2% *(50.9% - 59.4%)* | ↓ |
| White, Non-Hispanic | 12,326 | 1,517,124 | 1,016,097 | 67.0% *( 65.8%- 68.2%)* | 69.3% *(68.3% - 70.3%)* | ↑ |
| Other, Non-Hispanic | 477 | 87,655 | 49,288 | 56.2% *( 50.1%- 62.2%)* | 65.8% *(60.9% - 70.4%)* | |

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

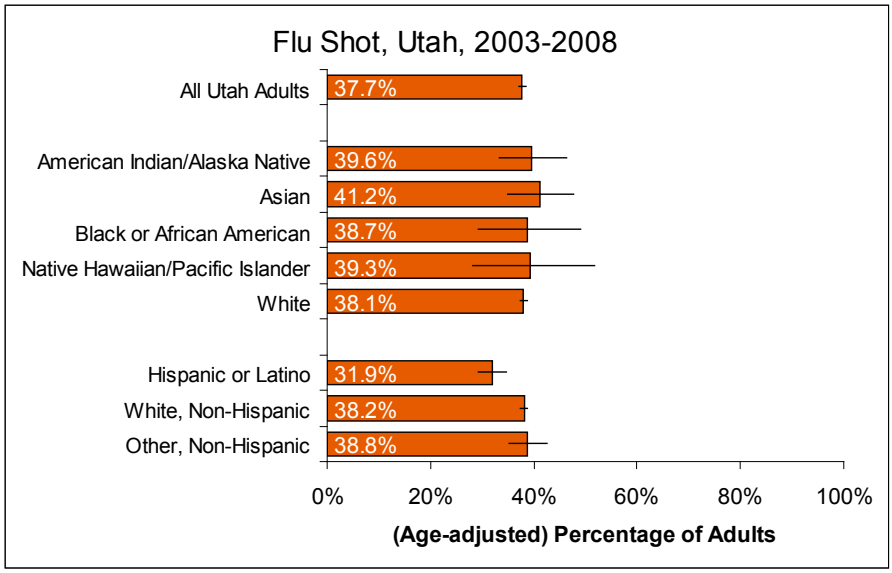
*Age-adjusted to the U.S. 2000 standard population

**The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

# Influenza Immunization, Adults

### Why Is It Important?

Influenza (the flu) is a contagious respiratory illness caused by viruses. It can cause mild to severe illness, and at times lead to death. Every year in the United States, more than 200,000 people are hospitalized and about 36,000 people die from flu-related complications. People can spread flu before they have symptoms of sickness. The best way to prevent flu is by getting a flu vaccination. Different types and strains of flu virus circulate each year, so annual vaccination is necessary for protection.[32]




### How Are We Doing?

- From 2003 to 2008, 37.7% of Utah adults age 18 and over reported receiving a flu shot within the past year (age-adjusted rate).
- Hispanic/Latino Utahns had a significantly lower rate of influenza immunization than all Utahns.
- Note: These rates do not include people who may have been immunized using nasal spray instead of a shot. UDOH began tracking utilization of nasal spray flu vaccine in 2008.

### How Can We Improve?

During years when enough vaccine is available, everyone over six months of age can be protected from flu by getting vaccinated beginning in September or as soon as vaccine is available in fall or winter. Vaccine can be administered as a shot or a nasal spray. During years when vaccine supplies are limited or delayed, only those who at are at high risk for flu complications and their caregivers can receive the vaccine: children ages six months-18 years, pregnant women, people over age 50, people with certain chronic medical conditions, residents of long-term care facilities, health care workers, and people who live with infants under six months old and other high-risk individuals. Good hygiene can also help prevent spread of flu.[32] The annual UDOH, Immunization Program Flu Vaccine Locator, www.immunize-utah.org, and Immunization Hotline,1-800-275-0659, help Utahns find vaccine providers.

## Percentage of Utah Adults (Age 18 and Over) Who Reported Having a Flu Shot in the Past 12 Months, 2003-2008

| Race/Ethnicity | Sample Size | Total Adult Population | Number with Flu Shot | Crude Rate *(95% CI Range)* | Age-adjusted Rate* *(95% CI Range)* | Sig.** |
|---|---|---|---|---|---|---|
| All Utah Adults | 29,834 | 1,781,429 | 638,392 | 35.8% ( *35.1%- 36.6%* ) | 37.7% ( *37.0% - 38.4%* ) | n/a |
| American Indian/Alaska Native | 346 | 23,796 | 8,243 | 34.6% ( *28.1%- 41.8%* ) | 39.6% ( *33.2% - 46.4%* ) | |
| Asian | 279 | 40,656 | 14,105 | 34.7% ( *28.0%- 42.0%* ) | 41.2% ( *34.9% - 47.8%* ) | |
| Black or African American | 131 | 19,213 | 6,834 | 35.6% ( *25.6%- 47.0%* ) | 38.7% ( *29.3% - 49.1%* ) | |
| Native Hawaiian/Pacific Islander | 112 | 12,877 | 5,104 | 39.6% ( *29.0%- 51.4%* ) | 39.3% ( *28.1% - 51.8%* ) | |
| White | 27,451 | 1,684,887 | 618,716 | 36.7% ( *36.0%- 37.5%* ) | 38.1% ( *37.4% - 38.8%* ) | |
| Hispanic or Latino | 1,937 | 176,650 | 45,517 | 25.8% ( *23.3%- 28.4%* ) | 31.9% ( *29.2% - 34.6%* ) | ↓ |
| White, Non-Hispanic | 26,692 | 1,517,124 | 560,531 | 36.9% ( *36.2%- 37.7%* ) | 38.2% ( *37.4% - 38.9%* ) | |
| Other, Non-Hispanic | 1,046 | 87,655 | 29,954 | 34.2% ( *30.4%- 38.1%* ) | 38.8% ( *35.2% - 42.5%* ) | |

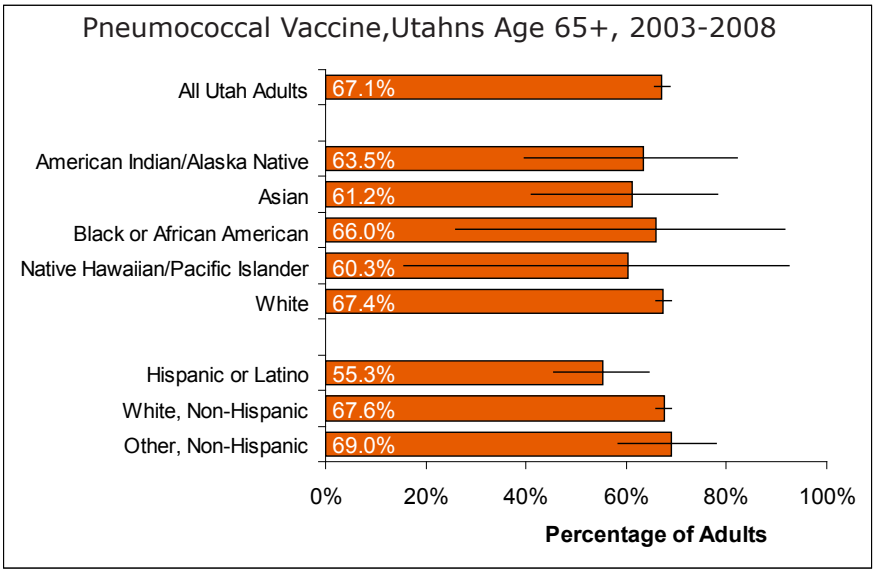
Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

*Age-adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

# Pneumonia Immunization, Adults 65+

**Why Is It Important?**
Pneumococcal disease is a serious infection of the lungs, blood, or outer lining of the brain. Each year it kills more people in the United States than all other vaccine-preventable diseases combined. The most common form of serious pneumococcal disease among adults is pneumonia.[33]




**How Are We Doing?**
- From 2003 to 2008, 67.1% of Utah adults age 65 and over reported that they had received a pneumococcal vaccine during their lifetime.
- Hispanic/Latino Utahns had significantly lower rates of pneumococcal immunization than all Utahns.
- Lifetime pneumococcal vaccination rates for Utah adults 65+ have significantly improved since 1997 when data were first collected, but rates have essentially been the same since 2001.[33]

**How Can We Improve?**
The Centers for Disease Control and Prevention recommends the pneumococcal vaccine for people age 65 and older; people with serious long-term health problems such as heart disease, sickle cell disease, alcoholism, lung disease (not including asthma), diabetes, or liver cirrhosis; and people with low resistance to infection due to HIV infection or AIDS, cancer or cancer treatment, long-term steroid medicines, bone marrow or organ transplants, and kidney or spleen problems.[34] The UDOH, Immunization Program provides an Immunization Hotline at 1-800-275-0659 to help Utahns locate vaccine providers. Pneumococcal vaccinations are covered for seniors with Medicare Part B.

## Percentage of Utah Adults (Age 65 and over) Who Reported Having a Pneumococcal Vaccination, 2003-2008

| Race/Ethnicity | Sample Size | Total Population age 65+ | Number Immunized | Crude Rate *(95% CI Range)* | Sig.* |
|---|---|---|---|---|---|
| All Utah Adults Age 65+ | 5,821 | 217,364 | 145,854 | 67.1% ( *65.6%- 68.6%*) | n/a |
| American Indian/Alaska Native | 32 | 1,599 | 1,015 | 63.5% ( *39.7%- 82.2%*) | |
| Asian | 29 | 3,498 | 2,140 | 61.2% ( *41.1%- 78.1%*) | |
| Black or African American | 12 | 1,020 | 673 | 66.0% ( *25.9%- 91.5%*) | |
| Native Hawaiian/Pacific Islander | 4 | 744 | 449 | 60.3% ( *15.6%- 92.6%*) | |
| White | 5,584 | 210,504 | 141,865 | 67.4% ( *65.9%- 68.9%*) | |
| Hispanic or Latino | 177 | 8,933 | 4,942 | 55.3% ( *45.7%- 64.6%*) | ↓ |
| White, Non-Hispanic | 5,463 | 201,916 | 136,411 | 67.6% ( *66.0%- 69.1%*) | |
| Other, Non-Hispanic | 133 | 6,514 | 4,494 | 69.0% ( *58.3%- 77.9%*) | |

Source: Behavioral Risk Factor Surveillance System. Population Estimates: UDOH Office of Public Health Assessment. Estimates are for average of 2005 and 2006 years.

Note: Only age-specific rates were reported for this measure due to the limited age group reported.
* The rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.